



Department of Louisiana
Chapter Administrative Review

Chapter Name and Number _____ Location _____

Reviewing Officer's Name _____

1. Meeting Day _____, Date _____, Time _____

2. Remarks/Comments

3. Topics Discussed

4. List of issues requiring Department Action

5. Other Notes – Commendations/Suggestions

6. Signature Verification
Department Review Officer _____

Chapter Commander or Chapter Adjutant _____

Department Adjutant _____ Date Received _____